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ABSTRACT

Because of the difficulty of finding time for professional and personal development, many family child care (FCC) providers are isolated in their work environment. This practicum study developed a provider-initiated support network to reduce this isolation. The local FCC association provided advertising about the formation of the network. A group of nine providers met twice monthly over 3 months in the author's home to discuss FCC issues such as professionalism, isolation, and business practices. A needs assessment completed prior to the meetings identified additional interests among the providers. The topics covered at the meetings were: (1) problems with parents; (2) program activities for children; (3) how to create a learning environment; and (4) discipline. Each meeting provided an opportunity for providers to find solutions with professional input from other providers. Participants also developed hands-on activities, discussed case studies, and listened to guest speakers. After each meeting, a newsletter was circulated which reinforced noteworthy ideas from the meeting and highlighted personal and professional accomplishments of each provider. Results from a questionnaire indicated that FCC providers who participated in the support network reduced isolation in their work environment and felt more connected to the field of FCC. The support network validated their choice of profession and helped them feel enthusiastic about their role as a child care provider. The network continued in operation after the end of the 3-month implementation period. (Contains 38 references.) (KDFB)

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Reducing Isolation of Family Child Care Providers by Participation in a Provider-Initiated Support Network

by
Patricia Reish Wetherington
Cluster 72

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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APPROVAL PAGE

This practicum took place as described.

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September 30, 1996
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This practicum report was submitted by Patricia R. Wetherington under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

Sept. 26, 1996
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June S. Delano
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Abstract

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It is onerous for Family Child Care (FCC) providers to find time to seek professional and personal development. As a result, far too many FCC providers are isolated in their work environment. This practicum was designed to reduce isolation through the development of a provider-initiated support network.

The informal provider-initiated support network designed by the writer met two evenings a month in the writer's home. Nine providers discussed FCC issues and possible causes of isolation. Each meeting provided an opportunity for providers to find solutions to their FCC problems with professional input from other providers.

Analysis of the data revealed that FCC providers who participated in the support network reduced isolation in their work environment and felt more connected to the field of FCC. The support network validated their choice of profession and helped them feel enthusiastic about their role as provider. The writer concluded that informal support groups initiated by providers themselves can reduce isolation for FCC providers in their work environment.

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Patricia R. Wetherington

Chapter I: Introduction

Description of Community

The work setting of the writer is located in a small borough in the southern part of a mid-Atlantic, eastern seaboard state. The borough is a nationally registered historic district that became an incorporated borough in 1874. The borough is less than one square mile in area and has an estimated population of 4,500. The population is predominantly white, 94.5%, with 2.3% Black, 1.9% Hispanic, 1.0% Asian, and 0.3% other. The average age of the citizens who reside in the borough is 36.8. There are approximately 1,582 households and 65.7% of these households are families with children. The median house value is $115,400.00 and the median income is $34,617 (Upclose 1990 Census Sourcebook, 1992).

The borough is served by two family child care (FCC) providers, one state-assisted child care center, one K-8 public school, one K-8 parochial school, and two parochial preschools. There is a high percentage of high school graduates and approximately 449 college graduates and 286 post graduates (Municipal Reference Guide, 1995).

The writer's work setting is located in the writer's family home. It is within walking distance to the center of the borough and close to the community park. It is located in the west end of the borough.

Citizens of the borough take great pride in their community and maintain a safe and clean community environment. The citizens respect the law, children play outside without fear, and neighbors help one another. The work setting is located in an ideal area to raise a family during a time of terror in cities and communities across the country.

Writer's Work Setting

The writer's work setting is a family child care center located in an 109-year old Victorian house. The mission of the family child care center is to develop confidence, self-reliance, and a desire to learn in young children. The writer's family child care center offers families a secure, warm, and fun environment that is both motivating and

wholesome. Like other family child care businesses that strive to improve the lives of children and assist their families, the writer offers working parents support and guidance. It is a unique family child care center because it offers a diverse program for families that other family child care centers do not offer.

In support of Goals 2000, National Goal One: School Readiness, there are four programs in existence at the writer's family child care center. They are: (a) preschool program, (b) after-school program, (c) full-time and part-time child care, and (d) tutoring. Parents are encouraged to be actively involved in their child's development and the educational program.

The writer's family child care center is a new business in the community. It is in the beginning phase of an organization's ecology (McMahon-Dumas, 1993). To date, there have been nine children enrolled in the center. Three children have attended the preschool program, three children have attended the after-school program, two children have been tutored, one child has received full-time child care. Parents are supportive and the family child care center has become an oasis for working parents.

Writer's Role

The writer's role is owner, director, educator, caregiver, and custodian of the family child care center. The writer intends to establish a state-of-the-art family child care center by offering an educational childcare curriculum designed to help children develop life skills and become better problem solvers.

As the director and founder of the family child care center the writer has many roles and responsibilities. Each role contributes equally to the success of the program. The writer teaches a preschool program and an after-school program. At the same time the writer is teaching, she may provide full-time or part-time childcare. The children receiving care participate in the preschool and after-school activities if they are old enough and ready. At the close of the regular business day, the writer tutors school-age children. Presently, the writer tutors a 3rd grader and a 6th grader.

The writer's multiple roles are hard to balance. When the writer is not teaching or caring for children she is working on curriculum development, lesson plans, material preparation, business management, marketing research, environmental repairs, and general office tasks. When feasible, the writer presents at conferences for youth organizations. This requires meeting proposal deadlines, preparing materials for presentations, and weekend travel.

No one assists the writer in the daily operation of the family child care center. A substitute teacher assists during field trips. The Division of Youth and Family Services (DYFS) monitors the center once a year because it is a registered family child care home. An attorney and an accountant are contacted in matters that affect the security of the writer's family child care center. The writer is responsible for every aspect of the business, a Limited Liability Company.

Although the writer has an educational background, she tries to attend childcare workshops to stay informed of new FCC regulations. She is a member of many professional organizations and associations, but not actively involved. She attends national conferences and gets involved in community service when her schedule allows. The writer is a professional and advocate of FCC in her community. Operating the family child care center is a change in the writer's career, inspired by caring for her own son. She is beginning to understand the problems and issues that surround the diversity of the family child care field.

Chapter II: Study of the Problem

Problem Statement

The problem solved in this practicum was FCC providers were isolated in their work environment.

Problem Description

FCC providers had been isolated from the child care community for many years. They lacked adequate time in their schedules to seek professional development or support from the child care community. FCC providers remained in their homes without contact with other child care professionals. Contact was often limited to the children for whom they cared, the children's families, and their own family members.

Isolation had a serious effect on the ability of some providers to provide quality services. Many providers did not implement developmentally appropriate programs because they were unable to pursue continuing education, skills training, or professional development. They were unable to build professional relationships.

During the past ten years, FCC had gained more attention because of the increased demand for child care, as well as the need to scrutinize the quality of care children were receiving. The writer believed the FCC field was neglected because providers worked in isolation and they were not considered a part of the "professional" work force.

Evidence collected for this practicum supported FCC as a legitimate and essential child care field. This work took a look at isolation of FCC providers in their work environment, and the discrepancy that existed between what FCC providers were capable of doing as professionals, and what they were actually doing as a result of isolation.

It was onerous for FCC providers to find time to seek professional and personal development because of restraining business demands, unexpected client needs, long hours of operation, logistics, limited personnel, low income, family obligations, and stress involved in caring for children. The writer agreed that isolation was characteristic

of any work setting located in a person's home, but it did not mean home-based providers did not need support.

There were over 400 FCC providers operating FCC homes in the county in which the writer's FCC center was established. Most of these providers were not registered with the state and worked under high risk conditions. Few of the registered providers had more than the six hours of initial training they received when they became registered. The state licensing agency did not have the manpower to assist providers after they were registered. Free training sessions were periodically offered but few providers attended. Training offered through other organizations and agencies were typically not affordable.

Many FCC providers did not want anyone involved in their business operations because they considered outsiders to be an intrusion of their privacy. Many did not seek state registration or licensing, nor did they adhere to local zoning laws or file appropriate tax reports. These activities were burdensome on their time and on the little money they earned. They were often afraid of being in violation of the state laws they were required to follow when registered. These factors aggravated the matter of isolation.

FCC research had focused on children in the care of providers. Additional research was needed that focused on the needs of FCC providers and how isolation influenced the quality of their programs. In the writer's work setting, isolation pervaded because providers did not take steps to get together and talk about their needs as providers. There were no informal networks available in the writer's work setting. Isolation may have been self-imposed for some providers in the area but many felt confined and unable to initiate their own information networks.

To overlook the issue of isolation in the FCC environment would have been a mistake. The FCC home presented an ideal environment for preparing young children for school. The child care and educational communities needed to consider this problem in the scheme of developing superlative child care.

Problem Documentation

FCC providers cared for a large percentage of our nation's infants and toddlers. Many serviced children with little or no specialized education, early childhood training, or business skills. Quality of care was a common concern of working parents who placed their children in this form of child care.

To comprehend the concerns of those who questioned the quality of care found in FCC homes, it was important to study the problem of isolation. Isolation may have been the missing link between recognizing providers as "just providers" and as professionals, and thereby helping them develop quality FCC programs. The writer gathered evidence in support of the problem of isolation in three ways: (1) a pen and pencil survey was completed by FCC providers, (2) personal interviews were held with knowledgeable FCC professionals, and (3) a questionnaire was completed by knowledgeable professionals working in FCC organizations.

To gather data from FCC providers, the writer attended a state sponsored training workshop offered by DYFS. The training was attended by providers who wanted to become registered caregivers with the state. The providers who completed the five-question pen and pencil survey operated FCC homes or were preparing to open their FCC home.

The writer distributed the survey to providers who volunteered to complete them. A total of 15 surveys were completed. The results of the surveys indicated 9 out of 15 providers did not go outside their home for FCC support. The same data showed that 7 out of 15 providers were not affiliated with professional associations for support. Four out of 15 providers were neophytes and 11 were experienced, full-time providers. All of the providers who completed the survey indicated isolation in their work environment was a concern.

The writer conducted personal interviews with four knowledgeable FCC professionals (Director of Family Tree, a day care network, DYFS FCC Trainer, Registration

Coordinator for Child Care Connection, Inc., and Food Program Coordinator for Child Care Connection, Inc.). The responses of the four knowledgeable others were fairly consistent and indicated FCC providers were isolated.

An eight-question pen and pencil questionnaire was distributed to FCC professionals working for a FCC organization. Twelve questionnaires were distributed and seven were returned. The results of the questionnaires indicated half or less of the providers they worked with were seeking FCC support outside the FCC work setting.

The results of the survey, the interviews, and the questionnaire indicated isolation in the work environment was a valid concern of those who worked in the FCC field. It was a problem that deserved further attention.

Causative Analysis

Isolation was a natural part of the job description of anyone who operated a home business. For the purpose of this practicum, FCC providers were isolated in their work environment on a disproportionate basis.

Eight specific causes of isolation in the FCC work environment were pinpointed in the proposal: (a) location of providers, (b) limited training and networking opportunities, (c) program diversity, (d) personal family commitments, (e) long business hours, (f) limited income, (g) lack of professional recognition, and (h) the nature of the FCC business.

Location of providers limited opportunities for training and networking. Providers were not at liberty to visit other providers' homes because children were not able to walk the distance, transporting children was expensive and risky, and registered providers were not in compliance with state regulations when additional children visited. There was only one other FCC provider in the borough in which the writer's FCC center was established. Few providers were located close enough to one another to contribute to the personal or professional development of the other provider.

FCC associations and state agencies offered limited training and networking opportunities for providers. Most of the training sessions were offered at night, during

the week. Providers could not get away during business hours to attend training sessions, and many of the support networks met at far away locations. There were no support networks established in the writer's work setting.

FCC programs were as different as the providers themselves. Each provider offered a program based on ability or individual needs. It was difficult for providers to change their programs once children were registered. Schedules became fixed as their routines corresponded to the schedules of their parents. Program diversity (full-time and part-time care, weekend care, evening care, special needs child care, preschool programs, after-school programs) did not allow providers the flexibility needed to adjust their schedules so they could spend time with other providers. Additionally, unexpected drop-ins, late parents, over-due materials, unprevented accidents, and disgruntled parents interfered with providers who struggled to balance diverse programs.

Personal family commitments compounded the inability of providers to reduce isolation. Providers had to care for their own children after the last FCC child left the center. They had errands to run and household chores to complete after business hours. Many providers singly maintained the FCC business and their personal households. Their spouses contributed very little to the business and many worked in the evening. Balancing their business role and family role left little time for providers to develop interests outside the home environment.

Operating a successful home business took commitment and long hours which caused isolation. Providers spent more than 10-12 hours a day operating their FCC programs. Provisioning for lessons required personal time because providers were caring for children during regular business hours. They shopped for groceries after business hours. They constantly cleaned and repaired the environment so it was safe and healthy for their children. The wear and tear of small children was evident when providers did not keep up their home environment. Administrative duties such as record keeping,

correspondence, contacting parents, and planning the curriculum were often done at night, after the provider had spent time with her or his own family.

FCC providers worked for low wages. Although some providers were earning a supplemental income for their families, many relied solely on their FCC income to maintain their families and homes. Providers put a lot of time and energy into their progams so parents who worked outside the home could do so without worrying about their children. Providers did this for little pay, no benefits, and with limited resources. They played a vital role in society and it seemed unethical that they earned less than minimum wage and received little or no respect from the community. Their low income did not allow them the luxury of hiring additional staff so they could attend training workshops, college, or take personal time off.

FCC providers were not recognized as professionals. The general public considered them babysitters and providers tended to accept this image. This lack of recognition combined with high risk factors (no health benefits, accident insurance, or legal support) contributed to a low sense of self-worth of many providers in the field. Because of isolation, providers often lost sight of their ability to provide a quality service. Contrary to the general negative reputation of FCC providers, many researchers found that providers were dedicated, wanted to improve their programs, and strived to develop high-quality programs.

The success of a FCC program depended on the provider's ability to offer and maintain a high quality program in spite of isolation. Individuals who chose to stay home and work often neglected themselves by remaining unto themselves. Providers could better serve their children with new ideas and challenges by going beyond the confines of the FCC environment.

Relationship of the Problem to the Literature

The identified problem, FCC providers were isolated in their work environment, was well known to those who worked in the field of FCC. FCC providers located in the

writer's work setting, across the United States, and in other countries experienced isolation in their work environments.

Isolation was identified as a problem by many others in studies that examined training opportunities for FCC providers. Atkinson (1988) found that one of the most important components of FCC training programs was the development of social relationships among providers. Providers felt satisfied when they knew they were not alone in dealing with the unique pressures and stresses that came from caring for other people's children (McCrorey & McCrorey, 1988).

A professional may be very knowledgeable in his or her field, yet experience anxiety and stress due to isolation. Hobfoll (as cited in Curbow, 1990) found that support was the most potent resource in combating the effects of job stress. According to Curbow (1990), isolation from other day care workers could exacerbate job stress because isolation could lead to loss of social support.

Social support played an important role in effective FCC settings. Providers who were isolated from other providers, family, friends, and child care agencies were not likely to be satisfied with their job. Kontos and Riessen (as cited in Deery-Schmitt & Todd, 1995) found providers who perceived more social support had higher levels of job commitment and job satisfaction and lower levels of job stress than providers who were not satisfied with their social support networks. Any time a provider had an opportunity to share child care issues, ask questions, or compare notes, he or she reduced the influence of isolation.

Providers may or may not take personal action to reduce isolation in their work environment. Atkinson (1988) interviewed 32 FCC providers registered with the Iowa Department of Human Services to study the impact of child care on the providers' lives. Providers were asked if their responsibilities as FCC providers allowed them enough time for themselves. Fifty-three percent (17) said they did not have enough time for themselves. Providers in the study were also asked how they recharged their personal

energy levels. Only four of the 32 providers talked to other providers to recharge their energy level.

In reading what others found about the problem, the writer discovered that there were essential differences between the professional lives of FCC providers and caregivers who worked in child care centers. Isolation was one of the major differences. Trawick-Smith and Lambert (1995) contended that FCC providers were lonely and not appreciated as professionals. They found that FCC providers were isolated from their colleagues and a majority worked alone. Trawick-Smith and Lambert continued to claim FCC providers did not have the daily support of other professionals that center-based caregivers enjoyed.

According to Modigliani, Reiff, and Jones (1991), feeling isolated was one of the worst occupational hazards of FCC work. Providers who remained isolated, without adult contact, began to question whether they were ill-suited for the job (Gallagher, 1995). The writer contended that providers who built positive adult relationships, personal and professional, were better able to balance their multiple roles, create appropriate learning environments, and feel confident about themselves.

Wattenberg (as cited in Atkinson, 1988) stated providers may experience stress because of isolation from other adults, long business hours, and the low status of the child care occupation. Providers who felt trapped needed outside contact to feel confident about the importance of their work (Rubin, 1975). Such an attitude was difficult for providers to sustain when society considered their skills insignificant (McCrorey & McCrorey, 1988).

In Denmark, FCC providers experienced stress because of isolation from other adults (Corsini, 1991). Isolation among providers in Denmark was similar to isolation among providers in the United States; however, providers in Denmark received "supervisor" visits atleast twice a month in an effort to alleviate isolation (Corsini, 1991). A supervisor in Denmark was a trained child care professional with a minimum of three years of study in the theoretical and practical issues associated with young children and

care. The supervisor's visit was a key element in the Denmark family day care system. It built links among the providers and strengthened the family day care system. In the writer's work setting, DYFS provided no supervision and providers were visited once a year.

Reports of high rates of burnout and turnover among child care workers were appearing more often in child care literature (Deery-Schmitt & Todd, 1995). Lack of stability was a serious problem in the FCC profession because the most important factor in developing quality child care was a stable and caring caregiver (Frankel, 1994). In agreement with Frankel, the writer strongly suggested that the major contributing cause of burnout and turnover was the disproportionate amount of isolation FCC providers experienced in their work environment. The high turnover rate would continue to rise until providers got out of their homes and found support for themselves (Corsini, Wisensale, & Caruso, 1988).

Those who cared for children in their home dealt with many unexpected crisises. FCC providers were caring, dedicated people who remained isolated in their work environment because of reasons outside of their control and because of personal barriers they could not overcome (Smith, Rodgers, & Stevenson,1995).

In reading what others had found about the FCC problem, there was supportive evidence that FCC providers were isolated in their work environment. In Minnesota, a home-based model of FCC training was developed in recognition of the relative isolation of FCC providers and the variability of their child care skills (Kilmer 1979). The model was a short-term alternative model designed to support providers in their homes. The training model was successful and the providers who participated indicated the training had changed their behavior and they felt more competent (Kilmer, 1979).

Professional development was considered valuable when training addressed the needs of the audience. There was evidence in research that FCC providers wanted training that focused on their specific needs. Bailey and Osborne (1994) validated an unexpected

finding in a Montana study of providers who were more interested in personal development than content training. Trawick-Smith and Lambert (1995) found that many training programs for FCC providers were conducted by people who had never cared for children within their own homes. It was highly unlikely that trainers could appreciate the unique stresses and challenges faced by providers if they had not grasped the problem of isolation in developing training programs for FCC providers.

According to the National Day Care Home Study, (as cited in Bailey & Osborne, 1994) "caregivers who were trained spent more time helping children, teaching, and providing dramatic play experiences for children" than those who were not trained (p. 330). The writer agreed that providers who had knowledge and skills compatible with the philosophy of early childhood education developed better programs than providers who did not. Katz (as cited in DeBord, 1993) pointed out that there was a difference between mothering skills and caregiving skills. Adequate caregiving skills were not skills a person could gain through reading parenting magazines or attending one annual training session.

Most FCC providers did not attend training sessions. Eheart and Leavitt (as cited in Corsini, 1991) found that only "one-third of registered family child care providers had any training" (p. 14). Most training opportunities in the writer's area were available through informal instructional methods such as conferences or workshops. Bailey and Osborne (1994) found that FCC providers had not received preservice training and many struggled to find training that was affordable, available, and feasible. The writer agreed that quality was at stake when providers were not able to attend training sessions.

Quality FCC programs were difficult to develop under the working conditions found in most FCC work settings. To understand the difficulty it helped to consider three of Maslach and Pines' negative predictors of job satisfaction (as cited in Curbow, 1990): (a) no time away from the children, (b) long hours of work, and (c) closed and structured environments. These negative predictors were found in almost every FCC work setting.

Providers did not find relief from children when they were the sole caregiver during a 12-hour work day. Most providers could not afford a substitute or an aid. Providers were restricted to ways they could broaden their programs because their work environment was utilized by the provider's immediate family and FCC children. Some providers only utilized a small part of their home and rearranged their centers at the end of each work day. Long business hours of caring for children combined with no relief in a limited environment were negative predictors that providers faced on a daily basis.

FCC providers were isolated in their work environment and the literature revealed a variety of causes. The four main causes identified in this section of the report are: (a) a poor sense of self worth, (b) an inability to balance multiple roles, (c) limited training opportunities, and (d) poor working conditions. Each cause contributed to the problem independently and collectively.

Providers remained isolated because they did not have a sense of their own worth (Schuster, Finn-Stevenson, & Ward, 1992). Although there appeared to be an emerging view that the role of the FCC provider was a professional one, it would be some time before providers met Lindsay and Lindsay's (as cited in Clyde & Rodd, 1994) hallmarks of professionalism: (a) belief in the importance of their work, (b) long term commitment to the field, and (c) freedom to make decisions based on knowledge. These hallmarks needed to be met by a majority of FCC providers before FCC was considered an "important, viable profession" (Schuster, Finn-Stevenson, & Ward, 1992, p. 29).

Many providers did not think of themselves as professionals. It was difficult for them to speak up when government leaders asserted that any warm, kind grandparent could care for our nation's children (Trawick-Smith & Lambert, 1995). Until community, state, and national leaders advocated FCC, providers would continue to receive criticism, remain isolated, and leave the FCC field. They would remain the least respected of all caregivers and isolated from their colleagues (Trawick-Smith & Lambert, 1995).

FCC was a system that was perceived to be a system that puts the provider at the center (Bollin, 1992), but minimal effort was made to focus on the ability of providers to balance their multiple roles. It was not worthwhile for providers to leave their work setting to attend training sessions that would not focus on their roles. Training sessions that focused on child development and age-appropriate activities were important but they would do little to help providers learn how to manage their FCC homes as businesses. Researchers had suggested providers who operated their homes as businesses were more successful than those who did not (Nelson, 1990; Modigliani, Jones, & Reiff, 1991; Gallagher,1995).

FCC providers faced disproportionate isolation and the task of juggling work and home life in a social environment that failed to give them professional recognition (Garcia, Thompson, & McDonald, 1995). They needed to find ways to develop their sense of worth and upgrade their status in our society. It would not happen until they made a commitment and voiced their needs as professionals (Bailey & Osborne, 1994).

Due to the location and the nature of FCC, boundaries between the work and family roles of the provider were blurred, and role confusion inhibited a provider from seeking the informational, instrumental, and emotional support that would sustain him or her in the FCC field (Bollin, 1992). Providers worked in their homes and cared for their own families in their homes. They needed assistance in learning how to deal with the conflicts they experienced between their work and family roles (Curbow, 1990). Bollin (1992) argued that role confusion not only contributed to isolation but also reduced a provider's job satisfaction.

According to Curbow (1990), conflicts among the multiple roles and conflicts between work and family roles were sources of providers' stress. As the growing body of research of job stress in child care continued to gain attention, it would be necessary to study how isolation contributed to the ambiguity of roles and stress in the FCC work setting (Curbow, 1990; Bailey & Osborne, 1994; Deery-Schmitt & Todd, 1995). How much did

isolation contribute to the stress level of a provider? Was isolation a pivotal cause in the difficulty providers had in balancing their multiple roles? How did providers balance their family needs and the needs of the FCC children without support?

Successful entrepreneurs knew how to balance the multiple roles they assumed in their work environment. They knew that communication built business. They spent time improving their problem solving skills and developing business relationships by seeking outside advice and guidance from other professionals. FCC providers needed to develop an entrepreneurial attitude. They were not only caregivers, teachers, and custodians, they were entrepreneurs who offered a valuable service. FCC was not a low-maintenance, baby-sitting service (Clyde & Rodd, 1994). It was a home business that contributed to the quality of life for working parents.

> The writer disagreed with Clyde and Rodd (1994), who contended providers were: perceived as "baby-sitters"; good, kindly but untrained people who "take in" children to augment their pocket money while they care for their own child, and/or as people whose own skills are so limited that their return to the real work force would be unrealistic (p. 37).

FCC was a form of child care that was essential to working parents. Providers supported our first National Education Goal: By the year 2000, all children in America will start school ready to learn (All Children Ready to Learn, 1993). Providers needed to be treated like teachers. They should have been invited to educational workshops that would encourage them to develop as early childhood teachers. Smith, Rodgers, and Stevenson (1995) suggested schools of the 21st Century should maintain FCC provider networks so they could participate in workshops and support groups that would help them gain a sense of professional identity. "Teachers are the key to quality in any program for young children" and many providers were naturally gifted teachers (Ruopp et al, 1979; Mitchell, Seligson & Marx, 1989; Whitebook, Howes, Phillips & Pemberton, 1989; Park, in progress, as cited in Preparing Teachers for Young Children, 1993, p. 26).

A third cause of the isolation problem gleaned from research was limited training opportunities. There were over 400 FCC providers sparsely located in the writer's area who needed training. There were limited networks that served as hubs for FCC providers who wanted support. According to Corsini (1991), networking was an extremely important business tool for providers and could reduce the chance of job burnout. In agreement, the writer felt networking was critical to building successful FCC programs no matter where providers were located. Many providers relied entirely on phone calls with family or friends when children were napping for a support network (S. Marella, personal communication, October 27,1995).

FCC was a loosely organized coalition of providers (McCrorey, D. & McCrorey, H., 1988). According to Smith, Rodgers, and Stevenson (1995), FCC providers were isolated from the professional child care community and lacked opportunities for training. McDonnell and Federer (1982) recommended increased numbers of child care training programs for providers who felt isolated. In an area with over 400 providers, training opportunities should not be limited. Training was one way to bring distant providers together so they could meet and exchange information. Twenty-one years ago, Rubin (1975) found that providers who received home visits felt less isolated and the strain of their day decreased. Alternative ways of providing training and an increase of training opportunities must be considered to reduce isolation.

In reading what others found about the problem of isolation, poor working conditions was identified as the fourth cause. In a $30 billion dollar industry that continued to escalate and provided a critical service, the poor working conditions of FCC providers remained the same (Turbak, 1995). Providers worked for low wages, long hours, and few benefits and they could not afford to leave their environments. Most FCC providers worked without liability protection or health coverage.

Inadequate income was identified by FCC providers as their greatest problem according to Pence and Goelman (1987) (as cited in Deery-Schmitt & Todd). Most

providers worked for less than minimum wage and did not report their earnings. They could not afford to take a day off because they lost a day's pay and gained the additional expense of hiring a substitute.

Providers were grossly underpaid. This in itself kept them isolated and incapable of reaching out for professional support. Researchers needed to examine the causes of low pay for FCC providers. As child care became a national concern, the conditions under which FCC providers operated their home businesses needed to be addressed (Kagan, 1994).

Turbak (1995) claimed:

> Child care providers remain some of the most poorly paid workers in the US, with an average wage of about $5 to $7 per hour. Zoo keepers, waitresses, and kitchen workers often earn more than do the people who care for America's children. (p. 23)

How poor wages, long hours, few benefits, and dealing with children without leave time contributed to provider isolation sanctioned additional research (Clyde & Rodd, 1994). The writer believed that providers would not attend workshops until they could overcome financial barriers and other poor working conditions. Poor working conditions was a personal and professional barrier that providers had to overcome in their everyday fight to develop quality programs. Parents wanted affordable, quality care for their children but were not willing to pay for it. Providers wanted adequate pay and respect from their parents and communities but were not willing to demand it. As a result, the provider remained in a no-win situation while the child care industry continued to expand.

The writer speculated that many causes of isolation were unknown to researchers. FCC providers had diverse backgrounds and different needs. Many providers worked underground and preferred privacy. The causes identified in this report are causes of isolation that had been researched. A poor sense of self worth, an inability to balance

multiple roles, limited training opportunities, and poor working conditions were causes of isolation evident in most FCC work environments.

FCC providers needed to become more responsible for developing themselves and quality programs. Those who depended on their service needed to find better ways to support their effort to care for children. FCC providers were responsible for most of the child care offered in the writer's work setting, throughout the nation, and around the world. They were a group of advancing professionals "committed to their young children, eager to improve the quality of their operations, and dedicated to providing a nurturing home environment" (Turbak, 1995, p. 24). Isolation was a condition that deserved further investigation by child care researchers, family life educators, and community leaders. It was a condition that would prevail unless action was taken by those in the FCC field.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The following goal was projected for this practicum: FCC providers will no longer feel isolated in their work environment. Included within this broad goal were expected outcomes.

Expected Outcomes

The following outcomes were projected for this practicum:

1. 7 out of 9 providers will feel less isolated in their work environment and feel more connected to the FCC profession.
   a. The measurement tool will be a 10-point questionnaire about isolation.
   b. The standard of achievement will be 8 out of 10 (see Appendix A).
2. 7 out of 9 providers will establish a professional and informative FCC environment.
   a. The measurement tool will be a 10-point questionnaire about the FCC environment.
   b. The standard of measurement will be 8 out of 10 (see Appendix B).
3. 7 out of 9 providers will manage their FCC home as a business venture.
   a. The measurement tool will be a 10-point questionnaire about their FCC home as a business venture.
   b. The standard of measurement will be 8 out of 10 (see Appendix C).

Measurement of Outcomes

The measurement tool used at the completion of the three-month implementation period was a written questionnaire. Items on each questionnaire related to each expected outcome. The providers were given 30 minutes to complete three questionnaires during the second hour of the final support group meeting.

The questionnaires incorporated ten yes/no questions and three open-ended questions. The single response questions had a standard of achievement of 8 out of 10. The open-

ended questions were qualitative questions that focused on the three expected outcomes. The open-ended questions revealed further support data for the ten-point questionnaire through a collaborative indication of achievement.

Using two types of questions allowed a more conversant evaluation for the writer, enabling the writer to gather data pertinent to the problem of isolation of FCC providers in their work environment (Popham, 1993).

Chapter IV: Solution Strategy

Family Child Care providers were isolated in their work environment. It was difficult for them to overcome personal and professional barriers that interfered with their ability to find FCC support for themselves. Opportunities were limited that helped providers develop child care skills and reduce isolation.

Discussion and Evaluation of Solutions

Reviewing FCC literature had generated possible solutions for FCC providers who were isolated in their work environment. To establish a framework for the proposal, the writer highlighted five of the best solutions gleaned from the literature. The five solutions included: (1) increasing innovative training opportunities for providers, (2) using technology to assist providers in attaining business skills, (3) providers joining private and/or non-profit organizations and associations for support, (4) restructuring state support systems, and (5) developing provider-initiated support networks.

Training FCC providers was one solution that addressed the problem of isolation. FCC providers who attended workshops and conferences gained knowledge that helped them operate better FCC programs. Goldsmith (1979) found that short-term, intensive training sessions benefited providers. Providers began to interact quickly and became friendly as they shared FCC experiences. Unfortunately, there were few professional development opportunities offered in the writer's work setting. Additional training sessions were needed to reduce isolation because more providers would be able to attend.

Social workers who train providers had an impact on the people they serve and could best serve their clients when they utilized a "strengths approach" according to Ronnau (1990). The strengths approach focused on the provider's strengths and each training session was held in a provider's FCC home (Ronnau, 1990). This was an innovative training method that alleviated time and logistics barriers for providers and built a professional partnership between the provider and the trainer. Although the provider was

still confined to the FCC work environment, this approach had many benefits traditional training sessions lacked.

FCC trainers needed to focus on providing support and reducing isolation among FCC providers (Snow as cited in Peters & Pence, 1982). Most trainers did not focus on the personal needs of providers who attended their training sessions. They offered sessions on child development, learning styles of children, and age-appropriate activities. Kilmer (1979) recognized that isolation of FCC providers and the variability of their child care skills could only be addressed by a variety of training activities.

Kontos (1988) recommended a "consultative approach" to training. Similar to the strengths approach, FCC providers learned how to improve the quality of their programs when a trainer visited their work environment and assumed the role of consultant. As a consultant, the trainer focused on specific needs of the provider and the FCC environment, not only the provider's strengths. This was an ideal method of training providers, however, in the writer's work setting there were not enough social workers available to make consultative visits. Social workers were only required to make one annual visit in the writer's work setting. The consultative method of training would require funding that exceeded the state's budget for this type of FCC training in the writer's area. This method also relied on scheduling, which was a very complex process for the number of providers in the writer's area.

More innovative training workshops were needed. They needed to be accessible and tailored to meet the needs of the FCC provider. Trainers in the writer's area needed to focus on providers and the importance of their work, not just the needs of children. Training sessions were not offered at a variety of locations. In the writer's work setting, all training sessions were held at the local library. Seven to ten providers attended the monthly training session and 25 or more attended the mandatory session offered periodically during the year. Large group training would reduce isolation if enough

sessions were offered at different times, in a variety of locations, and through innovative methods.

Adult education classes, college courses, and training workshops benefitted providers when they can attended. Unfortunately, many providers gained most of their useful information about child care and child development from magazines and written materials distributed by community agencies (DeBord, 1993). Working conditions combined with family obligations interfered with the provider's ability to attend evening classes and workshops. This fact reflected the time limitations of providers who chose to read on their own as opposed to attending college courses (DeBord, 1993).

As technology and the use of the Internet expands into the homes of families, providers may be able to participate in telecommunication classrooms and establish on-line networks. Providers who cannot get out of their work settings will be able to learn about child development, business management, and appropriate teaching methods through technology. They will be able to access information that will help them improve their business skills and build an educational knowledge base.

Pursuing education by utilizing computers, telecommunications, and videotapes had much potential for reducing isolation in the work environment. Providers would feel less isolated and more connected because they could discuss business issues and FCC concerns with other providers. The use of videodiscs offered an alternative method of training which helped providers develop their potential regardless of location (Goldsmith, 1979). Providers could utilize educational videodiscs to earn college credit and develop personal and professional skills simultaneously. Videodiscs were successfully being utilized for training FCC providers in some states. Providers preferred videodiscs because of their hectic schedules and lack of access to training sites.

It was interesting to speculate how technology could reduce isolation. The writer felt technology offered a solution for FCC providers who were isolated in their work environment. Without leaving the environment, they could establish contact with adults,

FCC providers, educators, and business experts who were using technology to aid them in their development and careers. Providers could participate in college courses and earn credit when they were unable to attend classes offered at distant locations. The major obstacle to on-line communications was the cost of a personal computer. The writer's work setting was equipped with telecommunication capability but other providers in the area could not afford the equipment or the added expense of an on-line server. It was a solution feasible for only a few providers.

There were national, state, and local organizations and associations available to assist FCC providers in their effort to provide quality child care. Modigliani, Reiff, and Jones (1991) suggested family day care associations empowered providers, offered support with strong mentors as models, and provided training. Joining an organization or association that provided support for FCC providers was another solution to the problem of isolation.

The Emergency Child Care Project, National Association of Family Day Care (NAFDC), Child Development Association (CDA), National Association of Educating Young Children (NAEYC), Child Care Resource & Referral, Family Child Care Providers Association (FCCPA), and Child Care, Inc. are some of the supportive agencies available to providers throughout the United States. These organizations offered support but few providers were aware of their existence.

Providers who joined organizations that provided support, training, and resource and referral services were interested in establishing quality FCC programs. Through these organizations they were able to develop their own informal support networks and reduce their levels of stress. They knew someone was interested in them and their development. Organizations had the ability to take away a provider's oppressive sense of being a babysitter (Rubin, 1975). Providers who were willing to pay a fee to join an organization wanted the benefits and respect associated with joining a professional organization.

According to B. Mollenhauer, director of a local FCC network, providers were isolated in their work environment the majority of the time. The exceptions were those

who had created their own informal networks with other providers in the same neighborhood. Unless providers made a conscious effort to get together with other providers or have friends or family who came to visit, they had very little chance for interaction with other adults (B. Mollenhauer, personal communication, October 30,1995).

Providers needed support to make their FCC programs successful. This solution is practical for providers who could afford the fee that was required to join an organization. It was not practical for providers who barely made ends meet on their minimal FCC income and wanted to maintain their independence.

A fourth solution gleaned from research focused on improving state and federal child care systems. Corsini (1991) suggested that state and federal efforts should be undertaken to: (a) develop and sustain programs that support providers, (b) inform providers through newsletters, (c) establish hot and warm lines, and (d) enforce regulations through supervised systems of support.

"Public commitment in the United States has been largely limited to poor and minority populations" (Kagan, 1994, p. 6), but all child care programs needed public commitment. If our national Quality 2000 initiative has any cogency in directing services for all children and families in the future, it must not only "identify characteristics of quality child and family service programs and quality service infrastructure" (Kagan, 1994, p. 6), it must be responsible for the outcome. Systematic responsibilities for the child care industry in general, and FCC providers in particular, must focus on the development of a better infrastructure by supporting training and resources.

In the state in which the writer's work setting is established registration was optional. There was a unified standard that registered providers followed, but these standards were compromised when funds were inadequate to assure effective implementation and monitoring by the administering agency (NAEYC Position Statement, 1987). The writer asserted that the administering agency, DYFS, operating in the writer's work setting did

not have the manpower to make enough visits that sustained support for registered providers. Improving the state's ability to provide support was advantageous but not a logical solution for the writer. The isolation problem was not likely to be solved at the state or federal level because the process was tedious and slow. The writer was not in a position to implement change at either level so this was not a practical solution for the practicum.

A fifth solution that was successful in different parts of the United States and British Columbia was feasible and could be initiated at a local level. The solution was facilitated by FCC providers themselves. It was a solution that allowed providers to establish their homes as training sites for other providers in an effort to reduce isolation and gain support (B. Mollenhauer, personal communication, October 30, 1995).

The purpose of the provider-initiated solution was to provide support for providers who wanted to meet and talk about their lives. It was approached as a training through the use of informal FCC support groups. It was a solution that would bolster the provider's image as a professional and allowed providers the time and opportunity to gain significance for the work they do (Rubin, 1975).

This solution required commitment on the part of the group leader and those who participated. One of the common threads of success among child care models outside the United States (Denmark, France, Israel) was supervision and consistent monitoring between the support agency and the provider (Goelman, Rosenthal, & Pence, 1990; Corsini, 1991; Berezin, 1990). Providers in a support group would have the capacity to monitor each other and assist each other. No one would have the supervisory role but each participant could provide open communication that would serve a similar purpose in building support.

This solution was possible for providers in the writer's area. It could reduce isolation for many and help build networks for future support groups. It was economical and logistically possible.

Description of Selected Solutions

The writer established an informal support network of FCC providers to reduce isolation in the work environment. This solution was selected because it had the potential to encompass bits and pieces of many of the best solutions that were gleaned from research and it related to the goals and projected outcomes established for the practicum. It allowed providers time to collaborate and determine what their needs were independently and collectively as a group. They could talk about FCC issues that were important to them.

Providers were encouraged to participate in the three-month support group network by the writer. Phone calls were made and letters were sent to many providers in the writer's work setting. When deciding on a solution to the isolation problem, the writer was certain more could be accomplished through informal meetings than through home visits or formal training sessions. It was important for FCC providers to get out of their homes and have fun while talking about FCC with other providers.

The writer was interested in developing the network as a vehicle to initiate personal and professional friendships. By participating in a network meeting held at a provider's home the writer speculated providers would not feel intimidated which is often the case with an institutional environment. They would be in the company of other FCC providers, not formal trainers or educators who were not experienced FCC providers.

The meetings consisted of informal and formal conversations about FCC isolation, professionalism, the FCC environment, and FCC business practices. Each meeting focused on a specific topic and all of the activities were designed around the topic. The meetings were held every other Thursday evening, for three months, from 7 p.m. - 9 p.m.. Refreshments were served, hands-on activities were developed, case studies were discussed, and guest speakers presented. Prior to each meeting providers were contacted and reminded to attend the upcoming meeting by the writer.

Each network session had the potential to address a cause and solution for isolation. The provider-initiated network was a solution that could trigger new and better ways for providers to operate their FCC businesses and find time for themselves. This solution had the potential to extend into the natural work day of each provider and the capability of building a learning community of providers interested in developing quality child care homes. It provided an opportunity for providers to be with other adult learners and feel connected to those who experienced similar FCC problems in their work environment.

FCC providers needed leadership during a time when there was not enough child care slots available for children across the nation (Miller, 1990). The writer was willing to take a leadership role in support of this solution because it allowed the writer the opportunity to reduce professional isolation, share information about FCC research and the National Education Goal, and build partnerships with other professionals in the field.

Report of Action Taken

The FCC support network formed after the writer made phone calls and sent personal invitations to FCC providers in the writer's county. Some of the providers that were contacted were providers the writer had briefly met at previous FCC training sessions. The writer was fortunate because one of the providers she contacted about participating in the network was very supportive and gave the writer additional names of providers to contact.

The writer contacted DYFS and the NJFCCP association for assistance. DYFS agreed to publish a brief notice about the support network in their Caregiver News publication. The local NJFCCP association group informed providers that a support network was forming in the writer's area. The writer received one phone call as a result of the two publications. It was another way for the writer to reach out to unknown FCC providers who might be interested in joining network in the writer's county even though only one provider responded.

The writer contacted unknown providers many times to encourage participation. Several follow-up letters were written to providers who had voiced an interest in participating to persuade them to join the network. The network was finally established through the writer's attitude, unwavering personal phone calls, and personalized invitations. Thirteen FCC providers were contacted and persuaded to join the network to reduce isolation.

The informal support network was a small network that developed naturally through informal sharing and listening. Although providers agreed to meet for two hours, each meeting lasted for almost three hours. Each meeting was filled with discussion between experienced and inexperienced providers. After several meetings, the writer agreed with Modigliani, Reiff, and Jones (1992), isolation was one of the worst occupational hazards of FCC work.

After each meeting, a newsletter was developed by the writer to reinforce noteworthy ideas from each meeting and highlight personal and professional accomplishments of each provider. The newsletter was sent to all the providers who agreed to participate, whether they showed up for the bi-monthly meetings or not. The writer wanted to keep FCC providers informed about the network meetings and the upcoming events of the network. It was important to keep the opportunity for participation open to any FCC provider who had expressed an interest or any provider who heard about the network but would not take the initiative to inquire.

Through personal contact the writer created an unexpected interest among FCC providers in the writer's county. Nine out of thirteen unknown providers participated in the three-month network. The writer only anticipated five participants when the proposal outcomes were written. The unexpected increase in participation meant that personal, fervent encouragement contributed to establishing a provider-initiated FCC support network. It clearly indicated that providers in the writer's work setting were willing to join a FCC network if someone was willing to start one. FCC providers were beginning

to realize they needed the daily support that other child care professionals enjoyed (Trawick-Smith & Lambert, 1995).

Each network meeting was well-planned. The writer determined that the goal was achieved because of the shared interests of the group. The interests were identified after each participating provider completed a needs assessment. The needs assessments were analyzed by the writer and the results were disseminated to the providers. The network agreed to focus on 4 topics of interest during the three-month period. The topics included: (a) problems with parents, (b) program activities for children, (c) how to create a learning environment, and (d) discipline.

The needs assessment created ownership for the network and the writer supported the results of the needs assessment by developing network meetings with appropriate, informative materials on each topic. The writer speculated meeting activities would reduce isolation but the writer additionally wanted the providers to recognize that isolation did exist and that reducing isolation was an important topic, too. Furthermore, it was important for the network to realize that a high turnover rate in FCC was directly linked to isolation (Corsini, Wisensale, & Caruso, 1988).

To achieve the primary goal of the support network the writer realized guest speakers would be valuable in helping the writer reach the expected outcomes of the solution. It became clear that guest speakers could reinforce selected topics and focus on isolation. It was significant that the writer invited two FCC providers who understood the affects of isolation and could suggest ways to reduce isolation.

The writer located two experienced childcare providers who highlighted the strengths of their own programs, focused on selected topics, and advocated ways for FCC providers to come to terms with isolation. The connections the speakers made reinforced the outcomes of the solution and contributed to the overall success of the network. Both wanted to join the network.

The guest speakers contributed a freshness to the network at the right time. Their energy was contagious as they became human resources for the network. They reinforced topics and allowed ample time for providers to ask FCC questions. Both guest speakers were prepared and professional. The network's feedback indicated they thought the guest speakers were knowledgeable. The providers enjoyed their lectures followed by open discussions and they were glad to receive hand outs of the important material that was covered. One of the guest speakers was videotaped and a videotape was made available for providers who were unable to attend the meeting.

The guest speakers became an important part of the solution because the network was exposed to two experienced providers who believed in FCC as a profession. As FCC providers continued to face disproportionate isolation and the task of juggling work and home life in a social environment that failed to give them professional recognition, it was momentous that the two guest speakers were FCC professionals who visited to share their expertise (Garcia, Thompson, & McDonald, 1995). The guest speakers recognized the providers' effort to participate in a FCC support group two nights a month. They expressed their deepest regard for them as professionals and it was obvious that the network appreciated the praise and recognition.

A personal yet professional attitude was maintained throughout the implementation of the solution and contributed to its overall success. The final meeting was an informal celebration of FCC providers held at an extraordinary restaurant. Each provider received a Certificate of Appreciation and a rose from the writer. The celebration ended with the providers setting a date for the next FCC support network meeting. The network would continue after the three-month implementation period ended.

The writer speculated that isolated providers did not have the time or the energy to reach out to other providers and the speculation was right. After the final meeting and much reflection it became obvious to the writer that isolation could easily be reduced if

more providers initiated their own FCC networks through personal yet professional contact.

Chapter V: Results

Results

FCC providers in the support network cared for children in their homes. Like the writer, many FCC providers were isolated in their work environment. They remained in their homes without contact with other child care professionals because it was onerous for them to find time to seek professional development. Contact was often limited to the children for whom they cared, the children's families, and their own family members.

FCC providers had many barriers they had to overcome before they could escape the accouchement of their homes. These barriers included: restraining business demands, unexpected client needs, long hours of operation, logistics, limited personnel, low income, family obligations, and stress.

To comprehend these barriers and the concerns of those who questioned the quality of care found in FCC homes, the writer studied the problem of isolation. The writer examined whether isolation restrained the FCC provider's ability to develop quality FCC programs. The writer suspected that isolation was the missing link between recognizing providers as "just providers" and as child care professionals.

The writer's primary goal was to reduce isolation so that FCC providers would no longer feel isolated in their work environment. To achieve this goal, a provider-initiated FCC support network was created. The support network consisted of nine state registered unregistered FCC providers.

Three expected outcomes were developed in an effort to guide the writer in reaching the primary goal:

1. 7 out of 9 providers will feel less isolated in their work environment and feel more connected to the FCC profession.

This outcome was met.

Nine providers completed a 10-point questionnaire regarding this outcome. Results in Figure 1 illustrate their responses. Seven of the nine providers responded by indicating

they felt less isolated in their work environment and more connected to the FCC profession. Responses indicated the support network validated their choice of profession, helped them realize FCC was not a "menial task", helped them learn how to handle difficult FCC situations better, gave them new ideas to try with FCC children, helped them feel more enthusiastic FCC, and made them feel they were not alone in the field.

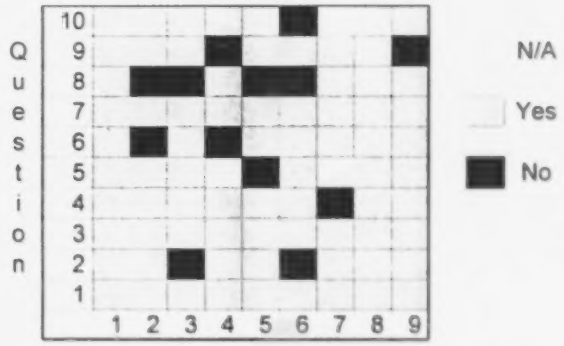

Figure 1

The matrix indicated isolation was reduced and providers felt more connected to the FCC field. The matrix testified the group needed more time for themselves as indicated by responses to question 8. Responses for questions 1, 3, and 7 indicated unanimously that providers were glad they participated in the group.

2. 7 out of 9 providers will establish professional and informative FCC home environments.

This outcome was met.

Nine providers completed a 10-point questionnaire regarding this outcome. Results in Figure 2 illustrate their responses. Seven out of nine providers indicated they had established more professional and informative FCC home environments as a result of the support network. Their FCC environments began to reflect a professional attitude. They built more professional relationships with parents and other child care providers. Although most of providers did not physically rearrange their home environments, one provider dramatically changed her home to improve the quality of her FCC business.

One of the providers who participated in the network did not gain a lot of new information from the network meetings as displayed in Figure 2. The open-ended answer on the questionnaire indicated the provider was experienced and well informed about FCC before she joined the group. It was obvious to the writer that she maintained an informative and professional FCC program without the group's input. The writer speculated that she attended the meetings for social interaction.

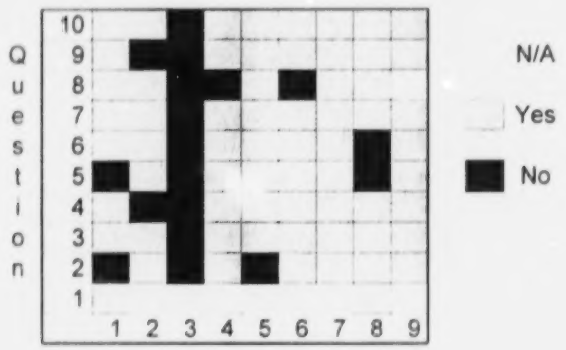

Figure 2

The matrix indicated participants became more professional and established more informative FCC environments. Responses to question 5 indicated some providers were not more involved with their FCC children. Responses to question 8 indicated providers' immediate families did not observe a change in their behavior or their programs. Participant 3 gained little knowledge from participating in the network.

3. 7 out of 9 providers will manage their FCC home as a business venture.

This outcome was not met.

Nine providers completed the 10-point questionnaire regarding this outcome. Results in Figure 3 illustrated their responses. Six out of nine providers indicated they began to manage their FCC homes as business ventures and began to think like entrepreneurs. Two providers did not begin to manage their FCC homes as business ventures and one provider did not operate the FCC environment like a business and was not interested in operating the FCC home like a business.

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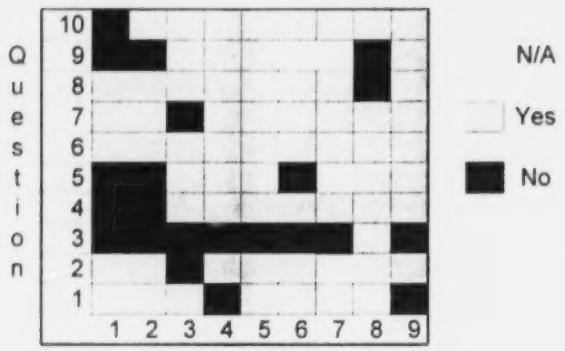

Figure 3

The matrix indicated the group did not manage FCC as a business venture. The matrix showed that only one provider joined a business association. Responses to questions 5 and 9 verified providers still had difficulty balancing their multiple roles and working conditions in their FCC environments had not improved.

Discussion

Isolation was a pervading condition of those who worked in the FCC field and it was a condition that needed to be investigated before FCC would gain the professional respect it deserved. The FCC role was vital to our society. FCC providers cared for over 80% of America's children and would continue to do so in the future (Delano, 1995).

The support network established by the writer to help FCC providers reduce isolation was successful. It was successful because the FCC providers who participated in the network were more than caring, dedicated people (Smith, Rodgers, & Stevenson, 1995). They were concerned professionals, citizens, and mothers who wanted to build quality programs and improve the lives of children. They were individuals willing to overcome personal barriers in search of professional development. It was a network of providers who knew they could not deal with the unique pressures and stresses that come from caring for other people's children alone (McCrorey & McCrorey, 1988).

All nine providers indicated on their questionnaire that they were glad they participated in the network and it became easier for them to attend the group meetings as

they progressed. They felt more certain about their choice of work after being with other providers and they learned more about FCC. Overall, the group responded positively to the questionnaire for outcome 1, they felt less isolated and more connected to the FCC profession.

In looking over the results of the outcome 1 questionnaire, the writer noticed that 4 out of 9 FCC providers responded that they still did not find time for themselves. Although they overcame the time barrier to participate in the FCC network, they did not figure out new ways to escape the confines of the FCC environment to do more things for themselves. Four other providers found more time for themselves because they had FCC assistants working for them. Their assistants provided relief at various times of the day.

Although outcome 2 was met, some FCC providers in the network did not inform their parents about the field of FCC as a result of the network. The information they received at network meetings was not passed on to parents. The writer speculated that poor communication between parents and providers was the barrier. Parents were rushed to drop off or pick up their children and providers were trying to manage transition time. Both were too tired to share, distributing professional FCC information was not a priority. Alternative ways to inform parents should have been investigated so parents would become more understanding of the needs of their FCC provider. Some providers missed opportunities to explain their profession because they did not share newly acquired FCC information with the support of the network.

Responses to question five on the outcome 2 questionnaire indicated providers in the group were not more involved with their FCC children as a result of the network. The writer agreed, most of the meetings dealt with isolation, parent interactions, FCC regulations, and case studies. Some hands-on activities for children were presented during two of the meetings but little discussion was held to help providers find new ways to get involved with their children. It was a very important part of building a quality FCC

program that was not selected as a main topic of discussion. The outcomes focused on the providers more than the children.

The majority of responses indicated the network felt more professional in their FCC role and more motivated. They indicated in the open-ended questions that they would continue to establish a professional and informative FCC home environment as a result of the FCC support group.

FCC providers needed to join professional organizations if they wanted their working conditions to improve. The results of the outcome 3 questionnaire indicated that only one provider joined a professional organization as a result of the network. It was a topic that was discussed several times and FCC providers who were members of the NJFCCA encouraged non-members to join. FCC providers were so isolated they did not realize what was going on in the FCC profession. They had no idea that some support was already in place for them.

Getting involved with other business professionals would have helped network providers balance their multiple roles better. As indicated in Figure 3, several providers did not balance their multiple roles better as a result of the network's activities. The writer felt it was because they remained uninformed. Providers needed to learn about other business networks so they could learn new ways to manage their programs. They needed to learn how to take short-cuts in running their home businesses. Providers that kept doing what they always did got the same results. FCC providers can learn a lot from business people in the community who understand the difficulties of operating a business.

Outcome 3 was not met because FCC providers in the network did not consider themselves entrepreneurs. They did not learn how to think like business people and several providers were not interested in approaching FCC as a business venture. Providers in the group had difficulty asking parents for late fees and establishing sound operating procedures for their FCC homes. They did not realize they were providing a valuable service to the community and they were entitled to good pay and respect. The

writer hoped providers would begin to value their service and ask their clientele to pay reasonable fees for their service. Several of the network providers continued to work under the same working conditions, they did not meet new professionals, and they did not find new ways to balance their multiple roles. Other providers found support from the network because it gave them strength to approach parents for late payments and fair fees.

Two out of three outcomes for this practicum were met as verified in Figure 4. The goal for the practicum was achieved. The goal and outcomes were met because of a well-planned solution closely implemented by the writer. The support network solution included activities that were initiated by the writer, participating providers, and guest speakers. It was a support network that focused on the strengths and weaknesses of each participant and the professional needs of the group. The results of the network sustained Hobfoll's (as cited in Curbow, 1990) belief that support was the most potent resource in combating the effects of job stress.

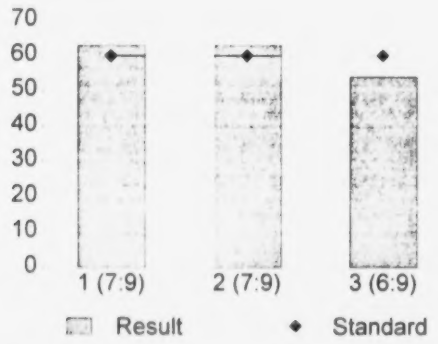

Figure 4

Standard of measurement 7 out of 9 (60% on graph). Outcomes 1 and 2 were met. 7out of 9 (63% on graph). Outcome 3 was not met 6 out of 9 (54% on graph).

In agreement with Goldsmith (1979), short-term, intensive training sessions benefitted FCC providers. The support network met for three months and participated in 18 hours of intensive training. The informal training meetings had the ability to take away a provider's oppressive sense of being a babysitter (Rubin, 1975). The network reduced

isolation in the FCC work environment, providers felt more connected to the FCC profession, and providers became knowledgeable FCC professionals.

The writer was pleased with the success of the network but continued to analyze the issue of isolation. Did the term "isolation" need to be more clearly defined. Many of the network participants indicated they were not isolated when they joined the support network and throughout the three-month period. At the final meeting, 7 out of 9 members of the group indicated they felt less isolated as a result of the support group. The writer concluded the same. In conjunction, the writer thought a distinction should have been made between "personal isolation" and "professional isolation."

The writer questioned the providers' understanding of isolation. Did isolation mean something different to a provider who had always worked as a FCC provider compared to a provider who had always worked outside the home? Was it professional isolation that affected providers who had out-of-home careers before becoming FCC providers? Did professional isolation have a more or less negative affect on providers who had never worked outside the home environment? How did FCC providers who always worked in the home realize they were isolated professionals? How did one begin to define personal isolation? Did it depend on the personality type of the provider? What was personal isolation to someone with high intrapersonal skills? What was personal isolation to someone with high interpersonal skills? Did the support network reduce personal isolation, professional isolation, or both? These were questions the writer thought about as the network progressed. These were questions that needed more investigation.

Another area the writer began to question was role perception of FCC providers. The support network was made up of a diverse group of providers. The dynamics of the group was interesting and the writer observed that two distinct perceptions of FCC emerged from the network. One perception evolved from FCC providers who were educators and became FCC providers. This group of providers focused on caring and education through curriculum development. A second perception evolved from a group

of providers who had little or no education and operated from a strictly caregiving and extended family perception. The second group did not implement a curriculum but had established routines and planned some activities for the children in their care.

The providers in the first group perceived their role as teacher more than caregiver. Those who made up the second group perceived themselves caregivers, not teachers. It would have been interesting to compare role perceptions and discuss how the providers developed their role perception as a FCC provider.

The writer concluded from the two different role perceptions in the group that FCC providers needed to find ways to bridge caregiving skills with teaching skills. It was obvious in observing the interactions of the network that both groups had effective caregiving and teaching skills to share. It became important to the writer to recognize the value of both perceptions in building the support network.

The role perception issue might have explained the results of outcome 3. Providers who thought of themselves as babysitters were not interested in building FCC into a thriving childcare business. Providers who worked outside the home prior to becoming a FCC provider might have had the skills and the experience to run their FCC program as a business. Role perception needed further discussion in the network. Regardless of role perception, every member of the network opened their FCC business for the same reason, to be home with their children and earn an income.

Two unanticipated outcomes resulted from the network meetings and both were significant. As a result of deficient FCC support available in the writer's work setting, the FCC support network developed into an unanticipated resource and referral group. Resource and referral activities became very valuable to members of the group. A simple exchange of phone numbers and addresses allowed providers to network outside the scheduled meeting times and locate new clientele. In agreement with Corsini (1991), networking became an important business tool for these providers. Providers referred parents they could not help to other providers in the network and shared other resources

with one another. It was amazing and inspiring to observe the professional courtesy that developed as a result of the network.

The second unexpected result of the network was in the area of substitute care. During the three-month implementation phase one of the providers had an unexpected emergency. Because the provider was a member of the support network it was easy for the provider to place FCC children in another licensed FCC program. The parents of the FCC children were relieved because they immediately had another FCC provider they could depend on. They did not have to struggle to find temporary child care during an emergency situation. At that time, the writer realized substitute care was another unexpected outcome of building a provider-initiated support network. The network became a network of caregivers who not only cared for children and working parents, but they became a network of providers who cared for each other, especially in emergency situations.

The practicum was successful for three specific reasons: First, a personal and professional attitude was maintained by the leader of the group, the providers who participated in the group, and the guest speakers who visited the group. Second, a variety of caregiving and educational activities focused on professionalism and the FCC business. Third, and most importantly, the solution strategy incorporated ideas from: (a) the "strengths approach" which focused on the provider's strengths (Ronnau, 1990), (b) the "consultative approach" (Kontos,1988) which focused on building one-on-one relationships, and (c) the "supervisory approach" (Goelman, Rosenthal, & Pence, 1990; Corsini, 1991; Berezin, 1990) which gave providers the capacity to assist each other.

Building a network was a small significant step in reducing isolation for those who work in FCC. It was a step in the right direction. The network became the vehicle that enabled providers to reduce isolation and gain more FCC knowledge. The Cultivating Crew network was not a loosely organized coalition of providers (McCrorey &

McCrorey, 1988). They were a group of determined FCC providers who made a concerted effort to build FCC into a profession that promoted excellence in child care.

Recommendations

1. The needs assessment should have been completed at the first network meeting. Needs assessments that were mailed to providers were not returned and a second needs assessment had to be completed.

2. The network should have defined isolation more clearly at the onset of the network. Professional isolation and personal isolation had different meanings to different providers.

3. Problematic case studies that dealt with real life FCC problems were informally discussed. Problem solving strategies (brainstorming, object analysis, t-chart) should have been introduced to the group so they could better solve problems in their FCC work environment.

4. The guest speakers contributed significantly to the network. The writer should have invited a member of the business community to speak to the group about building better business practices and joining business networks and associations.

5. Each meeting was held at the writer's home. It would have been useful to hold meetings at different FCC homes so network participants could explore other FCC environments for new ideas.

Dissemination

The writer plans to disseminate the results of the practicum to DYFS, the NJFCCA, the Mid-Atlantic Association for the Education of Young Children (MAAEYC), Archway Programs, a not-for-profit FCC organization, and to early childhood journal publishers.

The writer will share the practicum results with DYFS because they are the New Jersey state FCC registering agency. They offer training sessions to providers several times during the year and the writer will submit the results of the practicum in proposal

form. The writer would like to attend all DYFS training sessions as a consultant and present the steps it took to develop a successful FCC support network in the writer's area. DYFS has been very supportive and does not have the manpower to support FCC providers in the writer's county.

The writer will present the results of the practicum at the NJFCCA annual conference that will be held November 9-11, 1996, in Cape May, New Jersey. The writer was selected to present at the conference and plans to share the network idea with those who attend the writer's session. An article will also be submitted to the NJFCCA because they publish a newsletter. The newsletter has the ability to reach many FCC members. An article which highlights the solution plan may inspire other providers to build FCC networks. The writer feels the presentation at the conference and the newsletter article can have an impact on the field of FCC throughout the state of New Jersey.

The writer was recently voted to the position of liaison on the Board of Directors for MAAEYC. MAAEYC is a not-for-profit professional organization of people who work with and for young children in Pennsylvania, New Jersey, Delaware, and Maryland. MAAEYC is the regional affiliate for these states for the National Association for the Education of Young Children (NAEYC). As the mid-Atlantic liaison, the writer will attend monthly meetings, annual conferences, workshops, and six mid-Atlantic mini-conferences. The writer hopes to present the results of the practicum at one or more of the conferences or workshops. A MAAEYC leadership workshop is planned for the fall of 1996 and the writer will ask to emphasize the leadership skills that contributed to the success of the practicum.

Archway Programs is a successful not-for-profit organization that contracts with FCC providers. Through Archway's Family Tree program FCC providers are charged a fee in exchange for support and training. By disseminating the practicum results to the director of Family Tree, the writer hopes to influence the director to try new ways to build support for their contracted providers. The practicum results may suggest innovative ways to

build provider-initiated networks that Family Tree has not considered. The writer would like to assist by participating in Family Tree meetings and providing support to the FCC providers affiliated with Archway who want to start their own networks. This would allow Family Tree to focus on building training sessions that focus on informal network meetings and intensive long-term training sessions.

Finally, the writer will publish the results of the practicum in a professional journal. The writer will develop a list of possible publications and the practicum report will be rewritten for various types of publications. The writer will rewrite the practicum report to match the style and guidelines of the publication selected.

The writer would like to submit a journal article to Young Children, Childhood Education, and Early Childhood News. These three journals focus on educating young children and child care in the US and abroad. The published results of the practicum would encourage FCC providers and other child care professionals to build networks throughout the world. The practicum results could influence non-educators and non-child care professionals to apply similar network solutions to their profession.

References

All children ready to learn: Toward the national goals and high standards for all students (1993). (Report No. PSO22232). Washington, DC: Department of Education, Office of Educational Research and Improvement (OERI). (ERIC Document Reproduction Service No. ED 367 508)

Atkinson, A. M. (1988). Providers' evaluations of the effect of family day care on own family relationships. Family Relations, 37, 399-404.

Bailey, S. & Osborne, S. (1994). Provider perspectives on the content and delivery of training for family day care. Child & Youth Care Forum, 23 (5), 329-338.

Berezin, J. (1990). Advocating for our children. In The complete guide to choosing child care. (pp. 192-200). New York, NY: Random House.

Bollin, G. (1993). An investigation of job stability and job satisfaction among family day care providers. Early Childhood Research Quarterly, 8, 207-220.

Clyde, M. & Rodd, J. (1994). More than just baby-sitters: Family day care providers' perceptions of the caregiving role. Australian Journal of Early Childhood, 19(2), 37-42.

Corsini, D. (1991). Family day care in Denmark: A model for United States. Young Children, 46(5), 10-15.

Corsini, D., Wisensale, S., & Caruso, G. (1988). Family day care: system issues and regulatory models. Young Children, 43, 17-23.

Curbow B. (1990). Job stress in child care workers: A framework for research. Child and Youth Care Quarterly, 19(4), 215-228.

DeBord, K. (1993). A little respect and eight more hours in the day: Family child care providers have special needs. Young Children, 48(4), 21-26.

Deery-Schmitt, & Todd, (1995). A conceptual model for studying turnover among family child care providers. Early Childhood Research Quarterly, 10, 121-143.

Delano, J. (1995). Adviser Review of Practicum I Proposal. Family Child Care (FCC) Providers Are Isolation in Their Work Environment. Nova Southeastern University, Ft. Lauderdale, FL.

Frankel, A. (1994). Family day care in the US. Families In Society: The Journal of Contemporary Human Services, 75, 550-560.

Gallagher, P. (1995). In Start your own at-home child care business. Worcester, PA: Young Sparrow Press.

Garcia, R., Thompson, L., & McDonald, M. (1987). Home-centered care. Childhood Education, 64, 126-128.

Goelman, H., Rosenthal, M., & Pence, A. (1990). Family day care in two countries: Parents, caregivers and children in Canada and Israel. Child and Youth Care Quarterly, 19, 251.

Goldsmith, M. (1979). The Rhode Island connection: A family day care training program. Children Today, 8(4), 2-5.

Kagan, S. (1994, Fall). Families and children: Who is responsible? Journal of the Association for Childhood Education International, 4-8.

Kilmer, S. (1979, March). Family day care training a home-based model. Young Children, 12-19.

Kontos, S. (1988). Family day care as an integrated early intervention setting. Topics in Early Childhood Special Education, 8, 1-14.

McCrorey, D. & McCrorey, H. (1988). The business of family day care. (pp. 3-87). Santa Monica, CA: Roundtable.

McDonnell, T. & Federer, S. (1982). A model for family day care training. Children Today, 11 (6), 7-12.

McMahon-Dumas, C. (1993). Study guide for Leadership I. (Rev. ed.). Nova Southeastern University at Fort Lauderdale, Fl..

Miller, A. B. (1990). Children in the seaweed. In The day care dilemma: Critical concerns for American families. New York, NY: Insight Books.

Modigliani, K., Reiff, M. & Jones, S. (1991). Opening your door to children: How to start a family day care program. (4th ed.) {Brochure}. Washington, DC: National Association for the Education of Young Children (Report No. 203).

Municipal reference guide: New Jersey (Southern Edition) (1995/96). Shrewsbury, NJ: National Resource Directories.

National Association for the Education of Young Children. (1987). NAEYC Position statement on licensing and other forms of regulation for early childhood programs in centers and family day care homes. Young Children, 42(5), 64-68.

Nelson M. K. (1990). A study of turnover among family day care providers. Children Today, 19(2), 8-12.

Peters, D. & Pence, A. R. (1992). Family day care: current research for informed public policy. New York, NY: Teachers College.

Popham, W. (1993). Educational Evaluation (3rd ed.), (pp. 22-46). Needham Heights, MA: Allyn and Bacon.

Preparing teachers of young children--a collaborative approach (1993). (Report No. JC940208). Scarborough, ONT: Teacher Education Council, Ontario Ministry of Education and Training, Toronto (ERIC Document Reproduction Service No. ED 368 404)

Ronnau, J.(1990, Nov.-Dec.). A strengths approach to helping family caregivers. Children Today, 24-27.

Rubin, S. (1975). Home visiting with family day care providers. Child Welfare, 54(9), 645-657.

Shuster, C., Finn-Stevenson, M., & Ward, P. (1992). Family day care support systems: An emerging infrastructure. Young Children, 47(5). 29-35.

Smith, W., Rodgers, C. & Finn-Stevenson, M. (1995, March-April). Child care in the 21st century: Why educators should consider implementing it in their schools. Educational Technology, 47-52.

Trawick-Smith, J. & Lambert, L. (1995, March). The unique challenges of the family child care provider: Implications for professional development. Young Children, 25-32.

Turbak, G. (1995, March). Today's crisis in day care. Kiwanis, 22-25.

Upclose 1990 Census Sourcebook (1992) (Volume 5, National) El Granada, CA. Upclose Publishing.

APPENDIX A

FCC SUPPORT NETWORK QUESTIONNAIRE

TO ASSESS THE OUTCOME

APPENDIX A

FCC SUPPORT NETWORK QUESTIONNAIRE TO ASSESS THE OUTCOME

Part I. (Circle yes or no.)

As a result of participating in the FCC support group:

1. Are you glad you participated in the group?	YES	NO
2. Did it become less difficult for you to attend group meetings?	YES	NO
3. Did you gain important FCC knowledge?	YES	NO
4. Are you incorporating FCC information gained from the meetings into your program?	YES	NO
5. Is isolation less of a problem for you in your work setting?	YES	NO
6. Do you feel isolation is an issue that needs to be addressed by state, local, and national child care agencies?	YES	NO
7. Do you feel more connected to the field of FCC?	YES	NO
8. Do you find more time for yourself?	YES	NO
9. Do you feel isolation is a legitimate concern of FCC providers?	YES	NO
10. Are you more committed to FCC as a professional?	YES	NO

Part II. (Open-Ended Question)

How has the support group helped you in your work environment as a FCC provider?

APPENDIX B

FCC SUPPORT NETWORK QUESTIONNAIRE

TO ASSESS THE OUTCOME

APPENDIX B

FCC SUPPORT NETWORK QUESTIONNAIRE
TO ASSESS THE OUTCOME

Part I. (Circle yes or no.)

As a result of participating in the FCC support group:

1. Have you changed your FCC environment?	YES	NO
2. Do you better inform your parents about FCC?	YES	NO
3. Are you more professional in your FCC role?	YES	NO
4. Do you read more FCC literature?	YES	NO
5. Are you more involved with your FCC children?	YES	NO
6. Are you more motivated as a FCC professional?	YES	NO
7. Does you environment reflect a professional attitude?	YES	NO
8. Has you family observed a change in you or your program?	YES	NO
9. Do you feel more successful in your work setting?	YES	NO
10. Are you maintaining a professional and informative environment?	YES	NO

Part II. (Open-Ended Question)

How are you addressing "isolation" in your FCC work environment?

APPENDIX C

FCC SUPPORT NETWORK QUESTIONNAIRE

TO ASSESS THE OUTCOME

APPENDIX C

FCC SUPPORT NETWORK QUESTIONNAIRE
TO ASSESS THE OUTCOME

Part I. (Circle yes or no.)

As a result of participating in the FCC support group:

1. Do you consider yourself an entrepreneur?	YES	NO
2. Are you operating your FCC home more like a business?	YES	NO
3. Have you joined any business associations during the past three months?	YES	NO
4. Have you adopted new business management skills?	YES	NO
5. Do you balance the multiple roles of a FCC provider better?	YES	NO
6. Is isolation still a problem for you?	YES	NO
7. Are you interested in operating you FCC home like a business?	YES	NO
8. Do you feel you can ask a reasonable fee for the FCC service you provide to parents?	YES	NO
9. Have your working conditions improved?	YES	NO
10. Are you thinking more like an entrepreneur?	YES	NO

Part II. (Open-Ended Question)

Will you establish a professional and informative FCC home environment as a result of the FCC support group?